THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-05-1230.M5

MDR Tracking Number: M5-04-1183-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-29-03.

The IRO reviewed work hardening and physical performance tests rendered from 8-11-03 through 8-15-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 26, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
7-21-03 7-22-03 7-24-03 7-25-03 7-28-03 7-29-03 7-30-03 7-31-03	97545WHAP	$128.00	$0.00	N	$64.00 / hr X 2 = $128.00	Medicine GR (II)(E)	Work hardening reports support delivery of service, reimbursement of $128.00 X 8 dates = $1024.00.
8-1-03 8-4-03 8-5-03 8-6-03 8-7-03 8-8-03 8-18-03 8-19-03 8-21-03 8-22-03	97545WHAP	$128.00	$0.00	N	$64.00 / hr X 2 = $128.00	Rule 134.202	Work hardening reports support delivery of service, reimbursement of $128.00 X 10 dates = $1280.00.
7-21-03 7-22-03 7-24-03 7-25-03 7-28-03 7-29-03 7-30-03 7-31-03	97546WHAP (6)	$384.00	$0.00	N	$64.00 / hr X 6 = $384.00	Medicine GR (II)(E)	Work hardening reports support delivery of service, reimbursement of $384.00 X 8 dates = $3072.00.
8-1-03 8-4-03 8-5-03 8-6-03 8-7-03 8-8-03 8-18-03 8-19-03 8-21-03 8-22-03	97546WHAP (6)	$384.00	$0.00	N	$64.00 / hr X 6 = $384.00	Rule 134.202	Work hardening reports support delivery of service, reimbursement of $384.00 X 10 dates = $3840.00.
TOTAL							The requestor is entitled to reimbursement of **$9216.00.**

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 97545WHAP and 97546WHAP in the amount of **$9216.00.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$9216.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of September 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

March 23, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-1183-01
IRO Certificate No.: IRO 5055

Dear Ms. ___:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine who is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
Correspondence and Plan documentation
Behavioral assessment
Physical therapy notes
Radiology report

Clinical History:
A 45-year-old male sustained a work-related injury on ___ that resulted in back pain.

Disputed Services:
Work hardening (initial & additional hours) and physical performance testing during the period of 08/11/03 through 08/15/03.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that the work hardening program and physical performance testing was not medically necessary in this case.

Rationale:
The medical fee guidelines specifically indicate that in order to qualify a claimant for a work-hardening program, certain criteria with appropriate documentation must be made available. In this case, one of the major pieces of documentation absent is the medical necessity to address mental/psychological health issues. There is no report prior to instituting work hardening of any mental health evaluation.

Sincerely,